KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form U3C
June 2015
Form must be Typed
Form must be completed on a per well basis

ANNUAL REPORT OF PRESSURE MONITORING, FLUID INJECTION AND ENHANCED RECOVERY

Complete all blanks - add pages if needed. Copy to be retained for five (5) years after filing date.

OPERATOR: License # 5210
Name: Lebsack Oil Production Inc.
Address 1: P.O. BOX 159
Address 2:
City: STAFFORD State: KS Zip: 67578 + 0159
Contact Person: Josh Austin
Phone: (620) 234-5191
Lease Name: CRIST
Well Number: 1-7

API No.: 15-055-21048-00-01
Permit No: D26806.0
Reporting Year: 2018
(January 1 to December 31)

____ - SW - SW - SW Sec. 7 Twp. 21 S. R. 34 ☐ E ☑ W
(Q/Q/Q/Q)
330 feet from ☐ N / ☑ S Line of Section
4950 feet from ☑ E / ☐ W Line of Section
County: Finney

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☐ Untreated Brine ☑ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: ____ mg/l Specific Gravity: ____ Additives: ____
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 0 psi Injection Zone: CEDAR HILLS
Maximum Authorized Injection Rate: 800 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: ____ *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	3565	0	0	0	31
February	3220	0	0	0	28
March	3503	0	0	0	31
April	3600	0	0	0	30
May	3503	0	0	0	31
June	3510	0	0	0	30
July	3565	0	0	0	31
August	3565	0	0	0	31
September	3600	0	0	0	30
October	3503	0	0	0	31
November	3600	0	0	0	30
December	3503	0	0	0	31
TOTAL	42237		0		

Submitted Electronically